DOCKET NO. ETH-1298

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Two Phase Thermally Deformable Biocompatible Absorbable Polymer Matrix, the specification of which

(check one)	igtimes is attached hereto.		
	was filed on as		
	Application Serial No.		
	and was amended on (if applicable)		

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, $\S1.56(a)$.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s):

Country	Application Number	Date of Filing	Priority Claimed Under 35 U.S.C. 119
			YES NO
			☐ YES ☐ NO
			YES NO
§119(e) of below:	any United State	s provisional app	
(Application		(Filing	
the subject disclosed i provided by §112, I ack defined in occurred beinational or	ed States applicate matter of each of note of each of note the first paragramowledge the duty Title 37, Code of tween the filing depositional	tion(s) listed belthe claims of this ed States applicate aph of Title 35, to disclose mater Federal Regulation ate of the prior filing date of thi	ed States Code, §120 ow and, insofar as application is not tion in the manner United States Code, rial information as ons, §1.56(a) which application and the s application:
Application		_	tatus

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith as well as to file equivalent patent applications in countries foreign to the United States including the filing of international patent applications in accordance with the Patent Cooperation Treaty: Audley A. Ciamporcero, Jr. (Reg. #26,051), Steven P. Berman (Reg. #24,772), Andrea L. Colby (Reg. #30,194), Michael Stark (Reg. #32,495), Michael Q. Tatlow (Reg. #20,501) and Hal Brent Woodrow (Reg. #32,501) One Johnson & Johnson Plaza, New Brunswick, NJ 08933.



Address all telephone calls to Hal Brent Woodrow at telephone no. (732) 524-2976.

Address all correspondence to Audley A. Ciamporcero, Jr., One Johnson & Johnson Plaza, New Brunswick, NJ 08933-7003.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<pre>Inventor's Signature: Full Name of Sole or First Inventor</pre>	Kevin Cooper Date: 4 98
Citizenship: USA Residence: 15 Arrighi Drive, Wa Post Office Address: Same As Abov	arren, NJ 07059 e
Inventor's Signature: Full Name of Second Joint Inventor, If Any	Date:
Citizenship: Residence: Post Office Address:	
<pre>Inventor's Signature: Full Name of Third Joint Inventor, If Any</pre>	Date:

Citizenship:
Residence:
Post Office Address:

(Supply similar information and signature for fourth and subsequent joint inventors.)